



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED - ACTIVE

01 MAR -5 AM 10:38

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

BEAR PAW Junction

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>CHERYL M. SEXTON</u>	<u>P.O. Box 65, Coolin, Id. 83821</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

P.O. Box 65
Coolin, Id.
83821

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

SAME

Phone number (optional):

208-443-8331

Signature: Cheryl M. Sexton

Printed Name: CHERYL M. SEXTON

Capacity: Owner

(see instruction # 8 on back of form)

g:\corpforms\abn form\abn p65 Revised 01/2001

Secretary of State use only
IDAHO SECRETARY OF STATE

03/05/2001 09:00
CK: 000 CI: 143098 BH: 382573

1 @ 20.00 = 20.00 ASSUM NAME # 2

#D43259